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BECHUANALAND PROTECTORATE.

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ANNUAL MEDICAL AND SANITARY REPORT,  
1927-28.



PRINTED BY  
WATERLOW AND SONS LIMITED,  
London Wall, London.  
1929.



D.O. 3.

Communications on this subject  
should be addressed to—

THE UNDER-SECRETARY OF STATE,  
DOMINIONS OFFICE,  
DOWNING STREET, LONDON, S.W.1,  
and the following number quoted:—

D. 3445/29

*Subject: Annual Medical and  
Sanitary Reports  
(Bechuanaland Protectorate)*

*Reference to previous correspondence :*

*Letter <sup>to</sup> from the Dominions Office of the*

*Transmitted by direction of the Secretary of State for  
Dominion Affairs.*

*A copy has also been sent to the*

Dominions Office, Downing Street,

192

25 MAR 1929





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# BECHUANALAND PROTECTORATE.

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## ANNUAL MEDICAL AND SANITARY REPORT, 1927-1928.

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### SECTION I.—ADMINISTRATION.

#### (a) STAFF.

##### *European.*

- Principal Medical Officer.
- 4 Medical Officers.
- 1 Temporary Medical Officer.
- 2 Medical Officers (Subsidised).
- 3 Hospital Dispensers.

##### *Native.*

- 1 Native Dispenser.
- 5 Hospital Orderlies.

#### *Appointments, Changes, etc., in the Staff.*

DESMOND DREW, B.A., M.B. (T.C.D.), Medical Officer, Serowe, was invalided and granted six months' sick leave as from 4th October, 1927.

RONALD H. MACKINTOSH, L.R.C.P. (Edin.), L.R.F.P.S. (Glasg.), Medical Officer on probation at Gaberones, was transferred to Serowe, 1st October, 1927.

HENRY A. SPENCER, M.R.C.S. (Eng.), L.R.C.P. (Lond.), temporary Medical Officer, Molepolole, was transferred to Gaberones on 29th September, 1927.

H. A. ERICKSON, L.R.C.P. (Edin.), L.R.F.P.S. (Glasg.), appointed to Kanye to replace ARTHUR H. KRETCHMAR, M.D. (Calif.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), (subsidised), resigned.

G. M. MALAN, M.B. (Witwatersrand University) appointed Medical Officer, Mochudi (subsidised), 13th May, 1927.

J. C. WARREN, Dispenser, Francistown, transferred to Gaberones, 4th December, 1927.

### *Distribution of Staff.*

The Medical Officers and other details were distributed as follows :—

#### *Mafeking :*

Donald M. MacRae, M.D., C.M. (Glasgow University), Principal Medical Officer.

1 Native Orderly.

#### *Francistown :*

Duncan H. MacRae, M.A., M.D., Ch.B., (Glasgow University), Medical Officer.

1 European Dispenser and Clerk.

1 Native Orderly.

#### *Serowe :*

Desmond Drew, B.A., M.B. (T.C.D.), Medical Officer.

1 Native Hospital Orderly.

#### *N'gamiland :*

Stanley Batchelor, M.C., M.D., M.R.C.P. (Lond.), F.R.C.S. (Edin.), Medical Officer.

1 Native Orderly.

#### *Gaberones :*

Ronald H. Mackintosh, L.R.C.P. (Edin.), L.R.F.P.S., (Glasg.), Medical Officer.

1 European Dispenser and Clerk.

1 Native Orderly.

#### *Molepolole :*

Henry A. Spencer, M.R.C.S. (Eng.), L.R.C.P. (Lond.), Temporary Medical Officer.

#### *Kanye :*

H. A. Erickson, L.R.C.P. (Edin.), L.R.F.P.S. (Glasg.), District Medical Officer (subsidised).

#### *Mochudi :*

G. M. Malan, M.B. (Wit. University), District Medical Officer (subsidised).

#### *Ghanzi :*

1 European Dispenser.

The exigencies of the past year in providing for the relief of the Medical Officer, Serowe, by the transfer of the Medical Officer, Gaberones, led to the withdrawal of the Medical Officer, Molepolole, to make the necessary change possible—and subsequently, meet the prospective replacement of Dr. Batchelor in N'gamiland. Molepolole has since been



dependent, as in the past, upon fortnightly visits by the Medical Officer, Gaberones. It may, however, be possible to arrange later for a subsidised appointment there from funds which may become available on the lapse of one of the temporary Medical appointments ; a question which will arise in connection with the staffing of the new Hospital at Serowe.

The appointment, by the Dutch Reformed Mission, of a Doctor at Mochudi—subsidised by the Administration—has met a longfelt want amongst the Bakgatla. The Returns of Disease treated for the year, amounting to 3,729 cases, indicate the great need for, and appreciation of the Medical services secured under the contract with the Mission.

(b) LIST OF ORDINANCES AFFECTING PUBLIC HEALTH  
DURING THE YEAR.

1. Proclamation 30 of 1927 :—Registration of Medical Practitioners.
2. Notice 123 of 1927 : Infectious Diseases.

(c) FINANCIAL.

Revenue—				£	s.	d.
Hospital and Dispensary Fees	...	...	...	41	2	2
Expenditure—						
Personal Emoluments	...	...	...	6,195	0	0
Other Charges	...	...	...	3,025	0	0
				£9,220	0	0

SECTION II.—PUBLIC HEALTH.

The health conditions in the Bechuanaland Protectorate during the year ended 31st March, 1928, have been, as regards widespread prevalence of disease, the worst for the past ten years. During the winter of 1927, which ushered in a series of severe outbreaks of fever following upon cold snaps, the incidence of disease was little less favourable than is usual at that date. But with the opening and advance of summer there was a sudden rise in the prevalence of fever, which continued to increase, until, during January, February and March, it had assumed epidemic form and prostrated thousands of the native population.

The epidemic was chiefly confined to the southern portions of the Protectorate—especially the alluvial levels—the valleys and low-lying granitic areas, abutting on the main watersheds :—Molepolole, Mochudi Gaberones, Ramoutsa and Gopane.

Associated with this extensive prevalence of malaria, were the invariable complications of influenza, rheumatic affections, enteritis and other common sequelae. The total returns of disease, which are the

heaviest on record (close upon 20,000 cases) have been swelled to these unusual proportions by the record of many ailments concurrent and otherwise, which the increased medical activities in connection with the epidemic brought under observation.

Free Government supplies of Quinine were issued to the areas most severely affected. And this, together with measures of supervision of distribution and energetic medical attention, helped to mitigate the effects of the disease. A fortunate and remarkable feature of the epidemic, was the low rate of mortality. At Mochudi, where over a thousand cases of malaria were seen, there were only 2 deaths, and these of indirect or remote connection. At Gaberones, Molepolole, Ramoutsa and Gopane, where the numbers seen were still greater, the death rate was equally low in proportion.

The epidemic outbreaks were largely determined by the conditions prevailing over the Southern Protectorate throughout the Summer, that is, heavy rains at long intervals, over the impervious, low-lying and easily waterlogged areas ; the constitutional lack of stamina of the people on the low-lying lands as against those on the higher levels—which is a long observed and constant factor—invariably shows under unusual meteorological conditions, such as heavy rains or severe cold snaps.

Of other epidemic and infectious diseases the returns for the year show :—

Anthrax 15 cases—1 death ; Dysentery, Infantile or undefined diarrhœas, 627 cases ; Influenza, 257 cases ; Tuberculosis, 142 cases ; Puerperal fever, 2 cases ; Leprosy, 16 cases ; Enteric fever, 8 cases—1 death ; Tetanus, 2 cases—1 death ; Cerebro-Spinal Meningitis, 5 cases ; Scarlet fever, 1 case ; Measles, 13 cases ; and a few cases of Whooping Cough, Mumps and Chicken Pox. The Tubercular cases generally gave a history connecting the origin of the disease with working on the Rand Mines, whilst the unusual outbreaks of Enteric Fever were clearly traced to the Lichtenburg Diamond Diggings.

There has been an increase in the number of Syphilitics treated—the returns for the various districts being as follows :—

Francistown	...	...	...	...	...	...	93
Serowe	...	...	...	...	...	...	128
Gabarones, Molepolole and Ramoutsa	...	...	...	...	...	...	555
Mochudi	...	...	...	...	...	...	162
Maun	...	...	...	...	...	...	240
Ghanzi	...	...	...	...	...	...	9

whilst Kanye, Moshupa and Nanyanana alone show 3,595 attendances.



During the month of November water was struck on the site selected for the Serowe Hospital. Subsequent tests have proved the supply to be ample, and as the bedrock is pure sandstone, the supply is not likely to vary or be affected by drought. The work of clearing the site and fixing the position of the Hospital and accessory buildings, has since been put in hand, and the hospital plans reviewed and adopted in final form ; and it is intended that the new Hospital shall be finished, equipped and staffed during the next financial year.

The position with regard to the extension of Plague and the proximity to the Protectorate borders of suspected and proved infection gave cause for increased vigilance, and at the end of the financial year measures were under consideration for taking practical steps, during the coming summer, towards conducting an infected-rodent survey of the Protectorate—along the boundaries of possible approach.

### GENERAL EUROPEAN POPULATION.

The European Officials and other members of the Service, both rank and file, and their families suffered as generally in proportion as the mass of the native populations throughout the prevalent malarial epidemic. But they suffered less severely. Most of them, at one time or another, came, and continued, under suitable treatment with favourable results. Except in the case of native details and others exposed at a distance, the total incapacity for duty through illness was negligible. No more serious complications occurred than the depression and sense of mental and physical enervation with liability to coughs, colds or catarrhs usually associated with or following ordinary fever attacks. And these gradually cleared up under continued treatment, and with the advent of cooler weather.

The same prevalence with greater degrees of severity of type obtained amongst the European population. Only in one case, however, did the disease assume dangerous severity, and this was one of the older residents who had safely weathered many a hard season and previous attacks. He was idiosyncratic to Quinine. Both his children died at short intervals, from the immediate and remote effects of the disease ; these are the only deaths amongst Europeans, which fall to be recorded for the year, as a result of the epidemic.

The Railway Employees and their families, all along the line from Mafeking to Bulawayo—for the most part unacclimatised newcomers—suffered severely. But even some of their seasoned hands, on remote stations, here and there, did not escape, and several were disabled for some weeks. On the whole, however, disablement was rare, except

amongst children, and the running medical services, provided by the Railway Sections, helped greatly towards the control of the disease, the relief of all and sundry and their maintenance in fair working capacity.

### SECTION III.—HYGIENE AND SANITATION.

Sanitary measures, as in the past, continue to be directed towards extending and maintaining the cleanliness of camps and residential quarters and their surroundings, so far as available labour admits. Some progress has been made at Francistown in the cutting and clearing of bush and scrub over considerable areas, and the installation of the wemibly system of sewerage instead of the dry bucket system. This new system is based upon the use of a disinfectant of great liquifying and deodorising power, and, at little cost, is a considerable improvement upon past methods. For the rest, as regards camps and quarters, the security of gauze protection is maintained by periodical inspections and repairs. The mass of the native population continue supine in regard to questions of sanitation. The Medical Officers and others have, so far, confined their efforts to pointing out the simple lines upon which improvement is possible, without unduly disturbing immemorial habits and customs. Lectures on simple hygiene have been delivered here and there. But it is difficult to evoke interest or enthusiasm in these matters. During the coming year it is intended to instruct the Chiefs and populations minutely in regard to the necessary precautions against the possibility of Plague invasion.

The whole question of general sanitation, however, is one which requires both time and caution for its practical solution and has to be approached by gradual and conciliatory—rather than direct or peremptory—methods. And for the present and some time to come, the chief reliance in the treatment of disease must be placed upon therapeutic means.

### SECTION IV.—HOSPITAL AND DISPENSARIES.

Of the Government Hospitals, Gaberones still continues to be the centre of most of the General Surgical work. Any cases which cannot be dealt with here are sent to Mafeking, or, if of a special nature, to specialists elsewhere. At Francistown, the general surgical work is done in the building set apart and equipped for the purpose. The special cases are sent to Bulawayo as in the past. The small hospital at Maun is still in course of being suitably equipped. For the past six months it has proved a useful resource and fully met the local requirements. But with the demand for surgical treatment gradually increasing, it is intended, next year, to extend the present building by the addition of an



operating theatre, and improvements in other respects, and so make it more suitable for all general purposes and adequate to the growing surgical needs of this wide district.

With the establishment of an ample water supply, at the site selected for the new Hospital at Serowe and the assembling of the materials for the erection of this building in progress, it should be well on its way towards completion within the next financial year. No decision has been reached as to the site of the Southern Hospital, but the plans for it have been approved, and provision made on the current Estimates for its erection as soon as possible after the site has been decided upon. A full description of the hospitals, the equipment and staff, will fall within the report due for next year—that is, after the 31st March, 1929.

The total Returns of Disease and Deaths from the various stations throughout the Territory for the year are shown in the sub-joined table :—

District or Station.	Out Patients.	In Patients.	Indoor and outdoor Patients.
Mafeking ... ..	100	18	1
Gaberones ... ..	2114	56	5
Molepolole ... .. Ramoutsa ... .. Gopane ... ..	1966	—	—
Francistown ... ..	3368	23	2
Kanye ... ..	3172	343	1
Maun ... ..	1280	12	1
Mochudi ... ..	3729	—	9
Serowe (6 months only) ...	442	70	2
Lobatsi ... ..	62	—	—
Ghanzi ... ..	249	—	—
Mahalapye ... ..	12	—	1
	16,494	522	22



## SECTION V.—PRISONS AND ASYLUMS.

The unusual prevalence of disease during the year was reflected in the Gaol Returns ; almost all prisoners, at one time or another, required medical treatment, and many, over recurring periods, for frequent relapses. Most prisoners on admission show signs of a scorbutic taint in the presence of a blue line, or ulcerated patches, on the gums at the change of the seasons—especially from winter to summer. It is related to scarcity or deterioration of the food supplies : an alteration, from long storage and the action of weevils, of the grain vitamins ; diminution of the milk supply from poor grazing ; and of nitrogenous contents in general from lack of meat. The meat hunger (nitrogen starvation) which is common at this time of year—from these causes—is at the root of much of the stock theft prevalent, and the Gaol Returns and Sick Reports bear out this consistent relationship to general seasonal conditions. The gaol ration has always been framed to meet these special manifestations, by an increase in the meat supply, and a readjustment of the ordinary ration in the direction of further increases of nitrogenous content, as a rule, meets all requirements. The reduced vitality due to the prevalence and recurrence of fever attacks made such additions more necessary this year, and here and there, vegetables, oranges and lemons had to be provided. At Maun, N'gamiland, three prisoners had to be recommended for release for ailments contracted prior to admission. One suffered from Bronchiectasis with such foetid breath that his confinement with others was fraught with danger. The prevalent diseases in all gaols were malaria, bronchitis and bronchial catarrh.

Lunacy, for so large a population, is comparatively rare. Of the cases which occur, the factor of heredity, is, as elsewhere, clear and distinct in the majority. Malaria and its effects no doubt often determine the onset in these cases while a few are to be ascribed solely to this disease ; others to this disease probably in association with syphilis. Many of them recover locally under appropriate conditions of overfeeding, antimalarial and other remedies. A few who show signs of confirmed mania or dementia are, from time to time, sent to the Union Asylums. This year has shown an increase in the number of lunatics, and the accommodation at Gaberones has been taxed to the full. This, however, is but a temporary state of matters, and no doubt there will be a swing back to the usual conditions as the effects of the late epidemic wave pass off.

## SECTION VI.—METEOROLOGY.

Meteorological Returns are rendered from all Stations.

The highest recorded average rainfall for the year was 25·12 inches at Gaberones, Southern Protectorate.

The returns are given in the appendix.\*

The highest average monthly temperature was 90·34 degrees in November and the lowest 38·27 degrees in June.

(Signed) DONALD M. MACRAE,  
*Principal Medical Officer, B.P.G.*

\* This appendix has not been printed

## APPENDICES.

I. Nosological Tables.

II. Abstract of Medical Vote—Estimate of Expenditure.

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## APPENDIX I.

OUT PATIENTS FOR THE YEAR 1927-28.

## DISPENSARIES.

Diseases by Systems or Groups.	Nos.	Principal Diseases.	Nos.	Remarks.
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.	9,429	1. Enteric Fever... 4. Undulant Fever 5. Malaria : (a) Tertian ... (b) Quartan ... (d) Cachexia ... (e) Blackwater... 7. Measles... 9. Whooping Cough 11. Influenza ... 13. Mumps ... 16. Dysentery ... (a) Amœbic ... (b) Bacillary diarrhœa and undefined or due to other causes ... 20. Leprosy ... 24. Cerebro - Spinal Meningitis ... 25. Varicella ... 27. Anthrax ... 29. Tetanus ... 31. Tuberculosis ... Pulmonary or Laryngeal ... 35. Tuberculosis of the Bones and Joints ... 36. Tuberculosis of other Organs ... 38. Syphilis : (a) Primary ... (b) Secondary ... (c) Tertiary ... (d) Hereditary...	8 6 4,570 359 64 1 13 8 257 1 59 2 119 16 5 29 15 2 3 68 31 40 122 571 2,509 347	
Carried forward ...	9,429		9,225	

APPENDIX I—*continued.*Out Patients for the year 1927-28. Dispensaries—*continued.*

Diseases by Systems or Groups.	Nos.	Principal Diseases.	Nos.	Remarks.
Brought forward...	9,429		9,225	
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES— ( <i>contd.</i> )		39. Soft Chancre ...	28	
		40. (a) Gonorrhœa and its compli- cations ...	8 125	
		(b) Gonorrhœal Ophthalmia ...	3	
		(c) Gonorrhœal Arthritis ...	25	
		41. Septicæmia ...	15	
II. GENERAL DISEASES NOT MENTIONED ABOVE.	569	43. Cancer or other malignant disease of the buccal cavity	5	
		49. Cancer or other malignant tumours of organs not specified... ..	34	
		50. Tumours, non- malignant ...	57	
		51. Acute Rheuma- tism ... ..	45	
		52. Chronic Rheuma- tism ... ..	342	
		53. Scurvy ... ..	70	
		57. Diabetes ... ..	3	
		58. Anæmia... ..	2	
		60. Diseases of the Thyroid ... ..	1	
		66. Alcoholism ... ..	9	
		71. Meningitis ... ..	1	
III. AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.	992	75. Paralysis ... ..	7	
		77. Other Forms of Mental Aberra- tion ... ..	14	
		78. Epilepsy ... ..	32	
		80. Infantile Con- vulsions... ..	7	
		81. Chorea ... ..	16	
Carried forward...	10,990		10,074	



APPENDIX I—*continued.*Out Patients for the year 1927-28. Dispensaries—*continued.*

Diseases by Systems or Groups.	Nos.	Principal Diseases.	Nos.	Remarks.
Brought forward ...	10,990		10,074	
III. AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES—( <i>contd.</i> )		82. Hysteria ...	11	
		Neuritis... ..	25	
		Neurasthenia ...	9	
		83. Cerebral Softening	6	
		85. Affections of the Organs of Vision	87	
		(b) Conjunctivitis	287	
		(c) Trachoma ...	50	
		(d) Tumours of the eye ...	11	
		(e) Other affec- tions of the eye ... ..	238	
		86. Affections of the Ear or Mastoid Sinuses ... ..	192	
IV. AFFECTIONS OF THE CIRCULATORY SYSTEM.	172	90. Other Diseases of the Heart ...	7	
		(a) Mitral ...	33	
		(b) Aortic ...	16	
		91. Aneurism ...	5	
		93. Diseases of the Veins :		
		Hæmorrhoids	37	
		Varicose Veins	26	
		94. Diseases of the Lymphatic Sys- tem :		
		Lymphadenitis	41	
		96. Other Affections of the Circulatory System ... ..	7	
V. AFFECTIONS OF THE RESPIRATORY SYSTEM.	1,309	97. Diseases of the Nasal Passages...	3	
		Adenoids ...	23	
		Rhinitis ...	17	
		Coryza ...	477	
		98. Affections of the Larynx :		
		Laryngitis ...	29	
Carried forward ...	12,471		11,711	



APPENDIX I—*continued.*Out Patients for the year 1927-28. Dispensaries—*continued.*

Diseases by Systems or Groups.	Nos.	Principal Diseases.	Nos.	Remarks.
Brought forward...	12,471		11,711	
V. AFFECTIONS OF THE RESPIRA- TORY SYSTEM— ( <i>contd.</i> )		99. Bronchitis : ( <i>a</i> ) Acute ... ( <i>b</i> ) Chronic ... 100. Broncho-Pneu- monia ... 101. Lobar Pneu- monia ... 102. Pleurisy ... 105. Asthma ... 107. Silicosis ...	534 71 14 55 25 54 7	
VI. AFFECTIONS OF THE DIGESTIVE SYSTEM.	2,514	108. (A) Diseases of the Teeth and Gums ... Caries... ... Pyorrhœa ... (B) Other Affec- tions of the Mouth : Stomatitis ... Glossitis ...  109. Affections of the Pharynx and Tonsils : Tonsilitis ... Pharyngitis ... 112. Other Affections of the Stomach: Gastritis ... Dyspepsia ... 113. Diarrhœa Enter- itis under 2 years of age...  114. Enteritis 2 years and over ... ( <i>a</i> ) Sprue ... ( <i>b</i> ) Colitis ...	284 62 55  79 5  70 48  19 77 127  101 31 5	
Carried forward ...	14,985		13,434	

APPENDIX I—*continued.*Out Patients for the year 1927-1928. Dispensaries—*continued.*

Diseases by Systems or Groups.	Nos.	Principal Diseases.	Nos.	Remarks.
Brought forward...	14,985		13,434	
VI. AFFECTIONS OF THE DIGESTIVE SYSTEM—( <i>contd.</i> )		116. Diseases due to Internal Para- sites :		
		Taenia ...	31	
		Ascaris ...	31	
		Oxyuris ...	47	
		117. Appendicitis ...	13	
		118. Hernia... ..	13	
		119(A) Affections of the Anus :		
		Fistula ...	5	
		(B) Other Affec- tions of the Intestine :		
		Enteroptosis...	20	
		Constipation...	1,382	
		123. Biliary Calculi	3	
		Other Affections of the Liver ...	6	
VII. DISEASES OF THE GENITO - URINARY SYSTEM (NON- VENEREAL).	320	129. (A) Chronic Ne- phritis ...	9	
		133. Cystitis ...	39	
		134. Diseases of the Urethra ...	18	
		(a) Stricture ...	23	
		135. Diseases of the Prostate :		
		Prostatitis ...	8	
		136. Diseases (Non- Venereal) of the Genital Organs	7	
		Orchitis ...	1	
		137. Cysts or other Non-malignant Tumours of the Ovaries ...	1	
		138. Salpingitis ...	34	
		139. Uterine Tumours (Non-malignant)	7	
Carried forward ...	15,305		15,132	

APPENDIX I—*continued*.Out Patients for the year 1927-28. Dispensaries—*continued*.

Diseases by Systems or Groups.	Nos.	Principal Diseases.	Nos.	Remarks.
Brought forward...	15,305		15,132	
VII. DISEASES OF THE GENITO - URINARY SYSTEM (NON- VENEREAL)— ( <i>continued</i> ).		140. Uterine Hæmo- rrhage (Non- Puerperal) ...	39	
		141.(A) Metritis ...	3	
		141.(B) Other Affec- tions of the Female Genital Organs... ..	13	
		Amenorrhœa...	33	
		Dysmenorrhœa	24	
		Leucorrhœa ...	44	
		142. Diseases of the Breast (Non- Puerperal):		
		Mastitis ...	17	
VIII. PUERPERAL STATE.	30	143. (A) Normal La- bour ... ..	8	
		Protracted La- bour ... ..	5	
		(B) Accidents of Pregnancy:		
		(a) Abortion...	10	
		146. Puerperal Septi- cæmia ...	4	
		147. Phlegmasia, Do- lens ... ..	2	
		150. Puerperal Affec- tions of the Breast ...	1	
IX. AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.	565	152. Boils and Car- buncles ...	65	
		153. Abscess ...	48	
		Whitlow ...	6	
		Cellulitis ...	21	
		154. (A) Tinea ...	75	
		(B) Scabies ...	115	
Carried forward ...	15,900		15,665	

APPENDIX I—*continued.*Out Patients for the year 1927-1928. Dispensaries—*continued.*

Diseases by Systems or Groups.	Nos.	Principal Diseases.	Nos.	Remarks.
Brought forward...	15,900		15,665	
IX. AFFECTIONS OF THE SKIN AND CELLULAR TISSUES ( <i>contd.</i> )		155. Other Diseases of the Skin :		
		Urticaria ...	14	
		Eczema ...	100	
		Herpes ...	66	
		Myiasis ...	12	
		Ulcers ...	43	
X. DISEASES OF THE BONES AND JOINTS.	73	156. Diseases of the Bones :		
		Osteitis ...	27	
		157. Diseases of the Joints :		
		Arthritis ...	36	
		Synovitis ...	10	
XI. MALFORMATIONS	6	—	6	
XII. DISEASES OF INFANCY.	13	160. Congenital De- bility ...	11	
		161. Premature Birth	2	
XIII. AFFECTIONS OF OLD AGE.	27	164. Senility ...	27	
XIV. AFFECTIONS PRO- DUCED BY EX- TERNAL CAUSES.	471	176. Attacks by Poisonous Animals :		
		Snake bite ...	2	
		Insect bites ...	49	
		177. Other Accidental Poisonings ...	1	
		178. Burns by Fire and Scalds...	76	
Carried forward ...	16,490		16,147	



APPENDIX I—*continued.*Out Patients for the year 1927-28. Dispensaries—*continued.*

Diseases by Systems or Groups.	Nos.	Principal Diseases.	Nos.	Remarks.
Brought forward ...	16,490		16,147	
XIV. AFFECTIONS PRO- DUCED BY EX- TERNAL CAUSES —( <i>continued</i> ).		186. Wounds in Mines or Quarries and by Cutting	174	
		188. Wounds by Crushing, Rail- way Accidents...	23	
		189. Injuries Inflicted by Animals: ... Bites, kicks, etc.	7 23	
		195. Lightning Stroke ...	1	
		197. Murder by Fire- arms ...	1	
		199. Murder by other means... ..	1	
		200. Infanticide ...	2	
		201. (A) Dislocations	4	
		(B) Sprain ...	35	
		(C) Fracture ...	15	
		202. Other External Injuries ...	57	
XV. ILL - DEFINED DISEASES.	4	205.(A) Diseases not already speci- fied or ill- defined Asthenia ...	4	
TOTAL ... ..	16,494		16,494	



# APPENDIX II.

## VOTE 8. MEDICAL.

Vote and Sub-heads.	Estimates.	Actual Expenditure.	More than Estimated.	Less than Estimated.	REMARKS.
Personal Emoluments ...	£ 5,859	£ s. d. 5,647 2 3	£ s. d. —	£ s. d. 211 17 9	The allowance to the Medical Officer at Mochudi was only paid for part of the year.
Equipment, Drugs, Instruments, Stores, &c.	1,400	1,243 18 6	—	156 1 6	Equipment for Serowe Hospital was not required as the building has not been completed.
Maintenance of Destitute and Lunatics, Vaccination, &c.	700	736 4 5	36 4 5	—	Incidental.
Hospital Expenses ...	200	407 5 5	207 5 5	—	Excess due to large number of Officials who underwent special treatment during the year.
Grant to Victoria Hospital, Mafeking.	25	25 0 0	—	—	—
Travelling Expenses, &c. ...	600	537 10 8	—	62 9 4	Incidental.
	£8,784	£8,597 1 3	£243 9 10	£430 8 7	



